

Nursing home expense / adult dependent care

Your parent(s) are paying a nursing home or an adult dependent care facility for services provided to a family member during the 2021–2022 academic year.

YOU MUST PROVIDE ALL OF THE FOLLOWING:

- documentation that your family member is being cared for by a nursing home, other facility, person, or agency.
- documentation of your payments; i.e. copies of canceled checks or payment receipts from person, facility or agency.

Parent enrolled at least half time in a degree or certificate college program

YOU MUST PROVIDE ALL OF THE FOLLOWING:

- a **paid tuition and fee statement** that indicates the number of credits for which your parent is registered during the 2021–2022 academic year. If parent submits this for Fall 2021, please indicate parent’s projected Spring 2022 enrollment plans in your personal statement.

Loss of taxed/untaxed income or benefit

Your parent received unemployment compensation, or another taxed or untaxed income or benefit in 2019 and has completely lost that income or benefit for at least 8 weeks in the calendar year 2021. Eight (8) weeks without compensation must have passed prior to your submission of this appeal. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. (Do not include loss of educational veterans benefits.) Income and benefits may include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, and Minnesota Family Investment Plan (MFIP).

YOU MUST PROVIDE ALL OF THE FOLLOWING:

- copies of **all contracts, agency notices, or legal papers** that indicate the date your parent’s taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used. If loss of child support, provide relevant pages of court decree documenting that it will end.

Loss of one-time income

Your parent received one-time income in 2019 that will not occur in 2021 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration **will not** be given if this one-time income is a result of an inheritance, job bonus or overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

YOU MUST PROVIDE ALL OF THE FOLLOWING:

- copies of **all contracts, agency notices, or legal papers** that indicate the date your parent’s one-time income was terminated, what amount of income came from that source, and how that income was used.

Unusual, unreimbursed medical care expenses

NOTE: Only expenses already paid directly by your parent(s) will be considered.

- **Unexpected medical expenses**—Your parent(s) have paid for unusual or unexpected medical expenses for a member of your household that are not reimbursed. These expenses are over and above typical health maintenance costs due to an unexpected, extraordinary emergency or incident. OSF assumes that you and your family members will have insurance coverage. Only those costs not covered by insurance or another agency may be considered. These expenses must be at least \$3,000. Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e. g., orthodontic braces) are **not** considered unusual medical expenses and **will not be considered** for the special circumstances appeal.

YOU MUST PROVIDE ALL OF THE FOLLOWING:

- a concise summary of your total 2020 or 2021 medical expenses **PAID; AND**
- proof of paid expenses, e.g.: receipts from provider, credit card statements; copies of cancelled checks (explanation of benefits & invoices are not documentations of paid expenses)

- **Medical expenses for certified disabled student**—If you, the student, have medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributed to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency. If you attend the University of Minnesota, Twin Cities, contact Disability Services, 180 McNamara Center, 200 Oak St. S.E., East Bank campus, for information on the availability of additional services and certification.

YOU MUST PROVIDE ALL OF THE FOLLOWING:

- a **statement from health care provider and Disability Services** that document the unusual condition; **AND**
- receipts or canceled checks** that demonstrate **payment** for medical treatment of this condition.

SPECIAL CIRCUMSTANCES APPEAL

Academic Year 2021–2022
RETURN FORM:



DEPENDENT STUDENTS—Read the Special Circumstances Appeal Instructions carefully before completing this form. You must complete Sections 1, 2, 3, and 4. **Please return by March 12, 2022**, to the address on the right. **Note: Legitimate appeals will be accepted after this date.** If you will NOT be enrolled for spring 2022 semester, the deadline to appeal is November 30, 2021.

ONLINE:
<https://z.umn.edu/SpecialCircumstancesAppeal>

BY MAIL TO:
Office of Student Finance
200 Fraser Hall
106 Pleasant St. SE
Minneapolis, MN 55455

IN PERSON ON CAMPUS TO:
333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION 1. Student information

Name (last, first, middle initial)	University ID	Date
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		Phone (include area code)

List all family members included on your 2021–2022 Free Application for Federal Student Aid (FAFSA). If you need more space, you may add more family members in your personal statement.

Name	Birthdate	Relationship to student	Post-secondary institution s/he will attend at least half time from July 1, 2021 to June 30, 2022	Social Security number (last 4 digits)
		Self	University of Minnesota, Twin Cities	
		Parent 1		
		Parent 2		
		Sibling		
		Sibling		

SECTION 2. Income source table

January 1 through December 31, 2021	Actual 1/1/21 - Today	Estimated Today - 12/31/21	Total Actual + Estimated								
1. Income earned from work by Parent 1 (wages, salary, and tips, for example)											
2. Income earned from work by Parent 2 (wages, salary, and tips, for example)											
3. Income earned from work by Student (wages, salary, and tips, for example)											
4. Business, farm, or rental income											
5. Interest/dividend income, specify by source and value:											
<table border="1"> <thead> <tr> <th>source</th> <th>\$ value</th> <th>source</th> <th>\$ value</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	source	\$ value	source	\$ value							
source	\$ value	source	\$ value								
6. Unemployment compensation											
7. Capital gains											
8. Spousal maintenance											
9. Child support											
10. Welfare benefits (such as AFDC or TANF)											
11. Veterans benefits											
12. Social Security benefits (including SSI)											
13. Workers' compensation											
14. Short-term or long-term disability benefits											
15. Severance pay											
16. Withdrawal from retirement account											
17. Other (e.g., pension, annuity, rental income, housing allowance, bonuses)											



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

FA621-D Form—page 1 of 2 10/20 150 white



Please recycle.

SECTION 3:FAFSA Additional Information tables, calendar year 2019, academic year 2021-2022

Items to review. We need these items to be reviewed if your family reported dollar amounts on lines 91 and 92 of your 2021-2022 FAFSA. Enter a \$0 next to any item that does not apply to your parents. Please report annual

Q91. Parents' 2019 Additional Financial Information (Enter the amounts for your parent[s].)	2019 Tax Year	2021 Tax Year Estimate
a. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040 Schedule 3—line 50.	\$	\$
b. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported in question 72.	\$	\$
c. Your parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
d. Your parents' taxable college grant and scholarship aid reported to the IRS as income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. Do not include untaxed combat pay.	\$	\$
f. Earnings from work under a cooperative education program offered by a college.	\$	\$

Q92. Parents' 2019 Untaxed Income (Enter the amounts for your parent[s].)	2019 Tax Year	2021 Tax Year Estimate
a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Don't include amount reported in code DD (employer contributions toward employee health benefits).	\$	\$
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans IRS Form 1040 Schedule 1—total of lines 28 + 32.	\$	\$
c. Child support received for any of your parents' children. Don't include foster or adoption payments.	\$	\$
d. Tax exempt interest from IRS Form 1040—line 2a.	\$	\$
e. Untaxed portions of IRA distributions and pensions from IRS Form 1040—line 4a minus line 4b. Exclude rollovers . If negative, enter a zero here.	\$	\$
f. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
g. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
h. Other untaxed income not reported in items 92a through 92g, such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$	\$

SECTION 4. Certification

To the best of my knowledge, the information in this appeal is true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that my federal tax return will be used to verify the current financial aid application information and that I will be selected for institutional verification at the University of Minnesota, Twin Cities, in the next aid year. **WARNING:** If you use this form to establish eligibility for federal student financial aid and purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student's signature	Date
Parent's signature	Date